



Children aged 0–13 at risk of social exclusion: Impact of government policy in England and Wales

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Abstract

This paper is based on the findings of a major literature review undertaken for the Office of the Deputy Prime Minister in 2003/4 [Buchanan, A., Bennett, F., Smith, T., Smith, G., Ritchie, C., & Harker, L. (2004). *The Impact of Government Policy on Children and Families at Risk of Social Exclusion*. London, Social Exclusion Unit. www.socialexclusion.gov.uk/page.asp?id=492]. The findings relate to a period from 1997 until May 2004. The paper is divided into five sections. The first section sets the UK policy context and discusses the concept of social exclusion and its meaning for children. The second section outlines the research methodology. The third section reports findings from five sections of the government review: living standards, early years' provision, education, health and support for vulnerable families (families at risk of more serious family problems). The final sections bring together ideas from the successes and failures of policies and the possible drivers for change that may be of interest to others.
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1. Introduction

Since his election in 1997, Prime Minister Blair has led an important reforming government. Although it is difficult in the macro-economic context in which they occur, to attribute outcomes to government initiatives, the findings reported here show the successes, comparative successes and policies that did not work.

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In making comparisons between the United Kingdom and elsewhere, a useful starting point is the Human Development indices. The human development index (HDI) focuses on three measurable dimensions of human development: living a long and healthy life, being educated and having a decent standard of living (UNDP, 2004). All issues of relevance to families with young children.

The United Kingdom ranks surprisingly poorly when compared against countries at similar levels of development. When considering those with income below the poverty line (defined as households of 50% of median household income), in 1990–2000 the UK was rated 22nd out of 28 countries at similar levels of development. Most of those living in poverty were children and families. Under the ‘Gini’ index in 2004 which measures the extent to which the distribution of income (or consumption) among individuals or households within a country deviates from a perfectly equal distribution,¹ the United Kingdom scored 36.0. The poorest 10% only accounted for 2.1% of income and consumption while the richest 44%.

1.1. What is social exclusion?

Much has been written about the concept of ‘social exclusion’. Although it is often equated with living in poverty, the term has a much wider focus. In the USA, Sheila Kamerman defines ‘social exclusion’ as a multi dimensional concept which involves economic, political, cultural and other special aspects of disadvantage and deprivation, all of which have a role in excluding individuals and groups from participation in society. She notes that although some scholars use the term interchangeably with poverty, ‘social exclusion’ is increasingly focused on the lack of access to civil, political and social rights and opportunities (Kamerman, 2005).

The remit of the Social Exclusion Unit, which was set up after the election of New Labour in 1997 and based in the Cabinet Office, was to investigate cross-cutting issues that led to social exclusion and recommend action. The Unit defined ‘social exclusion’ as:

Social exclusion is about more than income poverty. Social exclusion happens when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, ill health and family breakdown. When such problems combine they can create a vicious cycle. Social exclusion can happen as a result of problems that face one person in their life. But it can also start from birth. Being born into poverty or to parents with low skills still has a major influence on future life chances. (Social Exclusion Unit, 1999a)

Although, there has been considerable debate about the SEU definition of social exclusion (Hills, Le Grand, & Piachaud, 2002), the SEU definition recognizes that social exclusion has an intergenerational dimension and to break the cycle of social exclusion there needs to be a focus on prevention and the early years.

1.2. How does social exclusion apply to children?

In most of the literature, the defining characteristics of social exclusion have been adult-centred. Ridge (2002) finds that ‘fitting in’ (not feeling different) and ‘joining in’ (being able to participate in social and other activities) are crucial for children.

¹ A value of 0 represents perfect equality, a value of 100 perfect inequality.

Tackling social exclusion in childhood is also important because of its longer-term consequences. There are important continuities between disadvantages in childhood and a range of adverse outcomes in adulthood (e.g. [Hobcraft, 2003](#)).

So when it comes to children, the focus is slightly different from that for adults. We need to think in terms of the future child as well as the child today or as [Ridge \(2002\)](#) said ‘Human becomings’ and ‘human beings’.

1.3. What are the drivers of social exclusion?

The numbers of people who are affected by social exclusion at any one time are influenced by both macro and micro factors. In the UK, the macro factors are demographic change, the labour market and social policy ([Bradshaw, Kemp, Baldwin, & Rowe, 2004](#)). Social exclusion is in part a function of demographic change. In a period of high birth rate, when these young people come to working age, if there are not enough jobs, more young people will be unemployed and thereby at risk of social exclusion. With a growing ageing population there will be more people on low retirement incomes, and with a high lone parent population, as we have in the UK, there will be more children living on benefits unless the mothers can be helped to enter the employment market.

The labour market is also critical. Low wages and unemployment drives poverty. The higher the unemployment rate, more people will be social excluded and there will be more poor children. Finally at the edges, public policy can make a difference ([Bradshaw et al., 2004](#)).

1.4. In England and Wales, what is Government policy to combat social exclusion?

Our aim is to end the injustice which holds people back and prevents them from making the most of themselves. That means making sure that all children, whatever their background and wherever they live, get a first class education, giving them the tools they will need to succeed in the adult world. And it means making sure that children can live and play in clean, safe environments, and that the community in which they live is thriving and supportive. Put simply, our goal is to end child poverty in 20 years ([Department of Work and Pensions, 1999a, 1999b](#) page 1).

In 1999, the government published their first ‘evidence-based’ strategy for tackling poverty and social exclusion ([Department for Work and Pensions, 1999a, 1999b](#)). They also published a set of indicators for measuring progress on the effectiveness of their strategy. Every year since further reports have followed the progress. Over the years the focus has changed slightly but the ambitious goal to end child poverty has remained central.

The government has invested heavily in this age group, with public spending per child growing by almost 20% in real terms between 1996–1997 and 2001–2002. In a recent analysis of public expenditure on children in England, [Sefton \(2004\)](#) notes that the government spends about £5000 per child on public services on average; and that since Labour came into power in 1997 (and especially since 1999/2000), there has been a substantial increase in expenditure on public services. Children appear to have benefited most from this increase in public expenditure, though he notes that this trend may now have changed, because the recent increase in health spending is more likely to benefit older people. More importantly, in view of our focus here, he also says that it is likely that spending on children has become more ‘pro-poor’ since 1997, with tax and benefit policies skewed towards lower-income families and changes to spending formulae giving a greater share of funding to poorer areas.

Government policies for families and for children at risk of social exclusion are described first in 1998 in the Green Paper *Supporting Families* (Home Office, 1998) which noted that the state had a legitimate interest in ensuring that the next generation was given the best start in life and outlined how this might be done; a range of initiatives followed. The second Green Paper *Every Child Matters* (Department for Education and Skills, 2002) recognized that child protection could not be separated from policies to improve children's lives as a whole, and advocated radical reform of children's services. Although other factors were involved, the final push for this Green Paper was the death of Victoria Climbié who, although known to many social workers and doctors, died in horrific circumstances from unrecognized child abuse. In 2004 the enactment of a new Children Act brought many of the reforms into being.

2. The review on the impact of government policy on children at risk of social exclusion age 0–13

2.1. Methodology

Because of the multi-dimensional nature of social exclusion for children, nine policy areas known to be associated with a risk of social exclusion for children of this age and their families were examined: poor living standards; poor living conditions; lack of access to quality early years provision; poor educational access and achievement; poor health; disabled children and children with special educational needs; vulnerable families, children in need and child protection. In the original study the effects of lack of access to justice and discrimination were also explored, areas not usually considered in social policy analyses.

In bringing the literature together, we followed the lead of Bradshaw et al. (2004), in their analysis of the drivers of social exclusion for the Social Exclusion Unit, in interpreting the task as follows: 'the review is not intended to be a systematic review in the sense employed in health studies, but a narrative review that is both systematic and transparent in its methods'.

Each policy area was examined by a leading academic familiar with the area. Everything read was systematically recorded on a matrix detailing: author, date, type of paper/study, funder if relevant, description of findings, limitations, with a coding for quality and policy relevance. Findings for each policy area were then summarized on a matrix. All these workings were made available to the Office of the Deputy Prime Minister for comment. They also produce a list of government funded evaluations which were included in the analysis. The summaries that are seen here are based on the data from the matrix. In eliciting the material, all the traditional bibliographic search engines were used, but because of the publishing delay more recent and relevant material came from the grey literature and contacts within the field. All relevant voluntary agencies were systematically approached. Inevitably much of the data came from government studies and as such we need to be aware of the possible bias. The project, however, went to considerable lengths to find independent sources of data to balance the data produced by government funded research studies.

3. Findings

3.1. Living standards (Poverty)

We want to end Child Poverty in 20 years. (Blair, 1999).

Work for those who can and security for those who can't. (Field, 1998)

Poverty impacts on children's health, development well-being both emotional and physically. Across the country there are pockets of severe disadvantage. As the Gini index illustrated in Table 1 there are considerable inequalities in the UK.

The strategy to combat child poverty was twofold: employment and social security. In March 1998, soon after the election of Tony Blair, Frank Field, Minister for Welfare Reform, unveiled the Government's Green Paper on Welfare Reform (Field, 1998). Frank Field said the Government's programme for welfare reform would promote opportunity instead of dependence, and would be based on 'work for those who can, and security for those who can't'. This was to be achieved by the 'New Deal Policies'. These initiatives involved a degree of coercion combined with practical advice and support. Those who were long-term unemployed were required to attend a session with advisors to explore how they could find work as a condition of receiving benefit. More recently Lone Mothers have been encouraged to attend similar sessions to discuss how they can re-enter education or training.

So how has the government done? The statistics suggest that considerable progress has been made. Child poverty fell, to 3.6 million (some 28%) by 2002–2003. Increases in employment including ('work for those who can'), the New Deals policies and benefit/tax credit ('security for those who cannot work') levels appear to have been the main reasons for the improvements. By 2001, the UK had upgraded its relative position within the European Union child poverty league. Severe hardship decreased significantly among working families after 1999, and was also reduced amongst out-of-work families. Improvements in families' incomes appear to have been spent on their children. Financial support for children via benefits/tax credit has increased, especially for low-income families, and in particular for younger children. Policies for lone parents seem to be working particularly well together as a package (Buchanan et al., 2004).

But, we have to remember these improvements have taken place against a relatively stable economic situation. To date there have been jobs for people to go to with the help of the New Deal advisors, and there has been necessary training available. These advisors appear to have played an important role in suggesting opportunities and ways to overcome barriers (Evans, Millar, & Sarre, 2003; White & Riley, 2002; Wilkinson, 2003).

Table 1
Human development indices: the United Kingdom (UNDP, 2004)

Life expectancy at birth (years) 2002	Combined primary, secondary and tertiary gross enrolment ratio (%) 2001/2002	GDP per capita (PPP US\$) 2002
1. Japan (81.5)	1. Sweden (114.0)	1. Luxembourg (61,190)
2. Sweden (80.0)	2. Australia (112.7)	2. Norway (36,600)
3. Hong Kong, China (SAR) (79.9)	3. <i>United Kingdom</i> (112.6)	3. Ireland (36,360)
19. Germany (78.2)	4. Belgium (110.8)	17. Hong Kong, China (SAR) (26,910)
20. Cyprus (78.2)	5. Finland (106.0)	18. Italy (26,430)
21. New Zealand (78.2)	6. New Zealand (101.1)	19. Finland (26,190)
22. <i>United Kingdom</i> (78.1)		20. <i>United Kingdom</i> (26,150)
177. Zambia (32.7)	176. Niger (19.4)	175. Sierra Leone (520)

The United Kingdom is ranked 12th in the 2004 Human Development Report with a HDI of 0.936. Norway ranks first with a value of 0.956.

http://hdr.undp.org/statistics/data/country_fact_sheets/cty_fs_GBR.html.

The current concern is whether the jobs will be sustainable in the future. Also some families have found little increase in their income when they came off benefit and entered the labour market. Another concern was the need for more help for poor families to ‘bridge’ the divide from coming off benefit and entering work.

3.2. Early years’ provision

Families need childcare. Good quality childcare is good for children. And it helps parents to go out to work or study. So we want to ensure that all families have access to the childcare which meets their needs. But at the moment, there are not enough childcare places. Parents are not always able to find out what is available. And the cost of childcare can put it out of the reach of many families. Our National Childcare Strategy will tackle these problems. (Department for Education & Skills, 1998)

International evidence, for example from the US, supported by findings in the UK, has suggested that good quality early years’ provision can have a positive impact on children’s educational achievement and long-term development (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2004; Gregg & Washbrook, 2003).

More recent research has shown clear evidence that children with access to pre-school education do significantly better at school at the age of seven than children who stay at home (Sylva et al., 2004).

The National Childcare Strategy launched in 1997 (Blair, 1997) demonstrated the government’s commitment to increased provision of good quality early years’ services as a means of promoting social investment in children and of tackling child poverty. It was felt that by providing childcare, this should help mothers to access the labour market.

Since 1997, there has been a major expansion of integrated early years services targeted at disadvantaged areas, such as Sure Start Local Programmes and Children’s Centres. The Sure Start programme was modeled on the US Head Start programme. It was for children aged 0–4 living in disadvantaged communities and provided a range of family support services.

There also has been a major expansion in early education—free part-time places have been taken up by almost all 4 year olds and nearly nine in ten 3 year olds as well as a major expansion in child care—places for over 1.6 million children had been created since 1997. This has meant one childcare place for every five children under eight in 2003, compared to one place for every nine children in 1997.

These figures, however, still relate poorly to some other European countries that have much higher levels of child care provision. Also although working parents’ demand for childcare is high; access is variable. The ‘childcare gap’ in the most disadvantaged neighbourhoods has meant that childcare was less available in the areas where it is most needed to help parents into work (National Audit Office, 2004).

Problems with affordability (lack of free or cheap childcare) and appropriateness (lack of childcare at suitable times) are often given as reasons for parents not being able to take up paid employment. Other barriers for service users include lack of information, inflexibility and culturally inappropriate provision (Woodland, Millar, & Tipping, 2002; Statham & Mooney, 2003; Dex, 2003; La Valle, Arthur, Millward, Scott, & Clayden, 2002).

Sustainability is a key issue, particularly in disadvantaged neighbourhoods. It was hoped that the private sector would move in to fill the childcare gap, but they have shown some reluctance because of the uncertainty of future funding. In the future, universal childcare for 3 to 14 year

olds has been proposed, which has the potential to instigate the most dramatic changes, but to achieve this will necessitate more private sector operators moving into the area and there is uncertainty how far they will be willing to do this.

3.3. *Educational access and achievement*

Our aim is to: Help build a competitive economy and inclusive society by: creating opportunities for everyone to develop their learning; releasing potential in people to make the most of themselves; achieving excellence in standards of education and levels of skills. (Department for Education and Skills, 2005)

In May 2001, Children's Express reporters produced four films on key election issues (Children's Express, 2001). When Tony Blair was asked about his policies he promised that 'Education, education, education' would be his top priority. How has the government's performance measured up? It is perhaps here that the government has made least progress. Our review found that although there had been gains in performance overall, the improvement appears to be stronger in the period up to 2000 and few of the targets have been met. For instance, the percentage of children who achieved a basic standard in English and Maths at 11 rose sharply up until 2000 but has been slower since and the percentage of 11 year olds who achieved the next level in English has actually fallen in recent years. There is concern that children on 'free school meals', these are often children living in families where no one is working, are doing comparatively worse than children who are not on free school meals (Department for Work and Pensions, 2004).

The problem is that if children do not achieve basic literacy and numeracy in primary school there are difficulties at secondary school. At secondary level, a similar picture emerges. Some progress was made towards targets in most subjects up to 2000 but very slow progress since. Truancy and days lost through missing school for one reason or another has remained stubbornly static despite a highly publicized case where a mother was twice imprisoned briefly for not getting her teenage daughters to school. However, all is not lost because by the age of 19 some young people have improved their education often at the Further Education Colleges and 76% now at this age have 5 or more GCSEs at grade A to C which is the entrance requirement for advanced level education.

When the figures are examined more closely, it can be seen that some minority ethnic groups, for example Bangladeshis, appeared to be making significant progress in performance, despite particularly high levels of disadvantage. Gillborn and Mirza (2000) have reviewed recent patterns of educational inequality by race, social class and gender. Others have reviewed the prospects for particular groups, for example, Traveller children or Gypsy/Roma children, or groups classified by behavioural characteristics or by institutional setting, for example, the permanently excluded, persistent absentees, young people with behavioural difficulties and young people who have grown up in care. High levels of attainment amongst disadvantaged groups may relate to the high value placed on education by their parents. The major concern, however, is that other disadvantaged pupils particularly, those from Black Caribbean and some White groups, are underperforming (Gundara, 2000; Ofsted, 2003). Another concern is that performance levels in different schools vary widely. In one school in Manchester, where children have over 20 languages, only 9% of children achieved 5 GCSEs grade A–C against the UK mainstream school average of 54% (The Guardian, 2004). What is particularly riling for the government is that where parents pay for private education the outcomes for all children are very different. In the top 100 independent schools, some of whom included very disadvantaged pupils

on scholarships, it is fairly standard for 100% of pupils to received 5 GCSEs grade A–C and 85% or more passes at ‘Advanced’ level grade A or B which qualifies them for university education.

Behaviour is a major issue in many inner city mainstream schools. Programmes to target behavioural problems have showed some evidence that they can help, but highly disadvantaged pupils are subject to many external pressures that lead to these patterns re-establishing themselves in the first place.

Some blame the difference in available funding between independent school and those in mainstream for the poor results. Only post-2000 has educational expenditure in mainstream schools begun to rise sharply. Disadvantaged areas have had a larger share of this increase, though some programmes tended to favour less disadvantaged areas. Higher levels of education, with correspondingly higher expenditure levels, tended to have larger numbers of pupils from advantaged areas. The government has sought to tackle the education crisis by a mass of different programmes with overlapping purposes and targets, but the answers to raising attainment for children at risk of exclusion and who perhaps need education the most, have proved elusive (Buchanan et al., 2004).

3.4. Health

Tackling health inequalities is a top priority for this Government, and it is focused on narrowing the health gap between disadvantaged groups, communities and the rest of the country, and on improving health overall. Health inequalities are one of those areas where Government simply must act, and a strategy backed by 12 departments was published in July 2003. The strategy, ‘Tackling Health Inequalities: A Programme for Action’ lays the foundations for meeting the Government’s target to reduce the health gap on infant mortality and life expectancy by 2010. (Department of Health, 2003)

Persistent inequalities, however, in child health remain. Many of these have their origins at birth, such as low birth weight and infant mortality, and these are proving difficult to turn around.

The government has targets to reduce infant mortality but to date little progress has been made. There is still a gap in both male and female mortality between the poorest quartile of the population and the average (Department of Health, 2005).

When it comes to single issue policies, these have shown the most short-term gains. One such issue is the concern over the high numbers of teenage parents (Department for Work and Pensions, 1999a, 1999b). The UK has the highest teenage birth rate in Western Europe. In England and Wales in 1999 there were nearly 90,000 teenage conceptions a year, including 2200 to girls aged 14 or under. The problem affects all areas, but is more serious in the poorest areas, and among the most vulnerable young people, including those in care and those who have been excluded from school. In its report *Teenage Pregnancy* the SEU (1999b) concluded that three major factors contribute to this: low expectations of education and employment; ignorance about contraception and what being a parent involves and mixed messages from society about sexual activity.

The government’s strategy was to ask every local authority to implement a 10 year local teenage strategy and report their annual results publicly. The results are beginning to show change. In 2001 the under 18 conception rate was 42.3 per 1000 female population aged between 15 and 17. This rate was 3% lower than in 2000 and 10% lower than in 1998 (Department of Health, 2005).

Another important child health area is the number of children who die from accidents. Accidental injury is one of the leading causes of death among children and young people and puts more children in hospital than any other cause. Every year in the UK, around two million children are taken to hospital accident and emergency departments as a result of accidents and about 300 die as a result of their injuries. In the UK in 2003, 291 children aged under 15 died as the result of injury or poisoning (England and Wales—248; Scotland—31; Northern Ireland—12). In recent years due to a number of initiatives in particular the focus on child road accidents there has been a marked reduction in the number of children dying. But the burden of accidental injury, in the UK as probably elsewhere is disproportionately heavy on the most disadvantaged. Children from the poorest families are more likely to die from accidents, to be admitted to hospital, and to be admitted with more severe injuries ([Child Accident Prevention Trust, 2003](#)).

3.5. *Vulnerable families, children in need, child protection*

Family life is the foundation on which our communities, our society and our country are built . . . There is a widespread recognition that a new approach supporting the family is needed . . . In almost everything government does, we can help families, neglect them, or even do them active harm. So it must be right for government to have a policy towards the family, to provide the best support we can. ([Home Office, 1998](#))

‘We are proposing here a range of measures to reform and improve children’s care—we want to maximize the opportunities open to them—to improve their life chances, to change the odds in their favour.’ ([Blair, 2003](#))

The government has invested heavily in family support with the agenda that child well-being should improve with better family well-being. Research has indicated the effectiveness of both early and later parent- and family-focused interventions for reducing criminal activity and antisocial behaviour. But how family support and parenting education are offered and whether parents find it acceptable is a key issue. In the UK, social workers are often perceived as the people who separate families from their children, and parents can be reluctant to admit needing family support in case it implies an admission of being a ‘poor parent’.

In an effort to overcome this stigma, major family support programmes, such as Sure Start, and The Children’s Fund have been ‘mainstreamed’ for *all parents* in disadvantaged areas and run by community groups rather than social services.

The main evaluations of Sure Start for children age 0–4 years are still to report, but since completing the work for the Social Exclusion Unit, some preliminary findings from the Sure Start evaluation have become available. It is apparent that there are wide variations between programmes. While some are seen as effective others appeared to be having little effect. [Barnes et al. \(2005\)](#), in demonstrating the difference between different disadvantaged communities, suggests that caution is required before making generalisations as to the functioning of children and families from different Sure Start areas. More recently a paper by [Carpenter, Griffin, and Brown \(2005\)](#) has shown that contrary to expectations there was little evidence of an immediate impact of the establishment of Sure Start programmes on the number of referrals to Social Services. These results may appear disappointing but one needs to remember that in the US the main benefits from projects such as the High/Scope Perry Pre School study appeared 27 years later ([Schweinhart & Weikart, 1993](#)).

There is some early evidence supporting the Children's Fund for children aged 5–13, and On Track, a programme for those at risk of offending living in disadvantaged areas which is now integrated into the Children's Fund initiative. These have proved popular and are reaching a large number of children and young people (Morris & Spicer, 2003). When it comes to parenting programmes, it appears that education-focused family support projects appear to be more acceptable to parents (Evangelou & Sylva, 2003; Scott & Sylva, 2002).

The take-up of family support services, however, still suffers from 'stigma' (Ghate & Hazel, 2002). This has meant 'hard to reach' vulnerable families who might have benefited have been reluctant to come forward.

When it comes to 'children in need' as defined by the Children Act 1989—children whose health or development may be impaired without services—in February 2003, the Children in Need Census showed that, in 1 week, 388,200 children received some sort of local authority provision. However, the majority of these children were referred because of child abuse and neglect. Responding to the needs of this large number of children was putting great strain on local authorities. A similar pattern in child protection services is seen globally (Buchanan, 2003). In the UK we do not have mandatory reporting but still our services struggle to cope and the periodic child abuse tragedies haunt those trying to protect children.

With children who are looked after by the state, progress has been made in improving outcomes but educationally, these children who need education the most to escape from social exclusion still lag a long way behind children in the general population. In 2004, only 9% receive 5 or more GCSEs compare to a national average of 56% (Buchanan et al., 2004).

4. So what has the government achieved in limiting the risk of social exclusion for children?

Table 2 is based on data given from 'Opportunity for All' (Department for Work and Pensions, 2004).

Although these figures present an overall positive picture, hidden within the statistics, as discussed earlier, are the much poorer results for children from disadvantaged groups.

When concluding this analysis, we need to ask the extent to which government policies can claim credit for the changes seen? The early years of the Labour administration 1997–2000 took place against a largely favourable economic climate. It is also too early to see the impact of many policies. As the government recognized from the start, it is in the long term where the greatest gains are likely to be seen. If the government can indeed claim credit, no one policy area by itself is responsible for the gains made.

5. So what lessons can be drawn from the experience in England and Wales that might be useful to other government developing their policies?

5.1. The context in the UK

As we saw in Table 1, the UK is a relatively affluent country with a long history of social welfare. When the Labour government came to power in 1997, earlier Conservative policies, although responsible for increasing mainstream prosperity, had to some extent 'rolled back the welfare state' and a divide had developed between the rich and the poor (Lewis, Lister, & Millar, 2001). There were also some specific features: a large numbers of families living on welfare; a

Table 2

Progress in meeting targets based on data from the Department for Work and Pensions (2004)

Children and young people			
Indicator	Covers	Baseline. 1997/1998	Direction of latest data
1 Proportion of children in workless households	GB	18.4%	15.7% (2005)
2 Low income: ^a			
a) Relative (before housing costs)	GB	25%	21% (2003/2004)
b) Absolute (before housing costs)	GB	25%	11% (2003/2004)
c) Persistent (3 out of 4 years) (before housing costs)	GB	17%	15% (2000/2003)
3 Teenage pregnancy:			
a) Teenage conceptions per thousand females	England	46.6 (1998)	42.1 (2003)
b) Teenage parents in education, employment or training	England	23.1%	28% (2003/2005)
4 Key Stage 2 (11-year-olds) attainment (English test, level 4 or above out of 5 levels)	England	63%	79% (2005)
5 Attainment:			
16-year-olds with 5 GCSE's at grades A*–C (basic qualification for entry into advanced education)	England	45.1%	53.5% (2004)
Number of schools with 25% or more children below above standard	England	616	186 (2004)
8 Truancy: percentage of attendance in schools	England	92.8%	93.4% (2003/2004)
9 Improvement in attainment/participation of children looked after by local authorities:			
a) At least 5 GCSE's when in public care for least 12 months	England	7.3%	9.4% (2003/2004)
b) Not in education, employment or training	England	29% (2002)	29% (2004)
c) Stability in placement (same placement for 2+ years)		63%	66%
11 Infant mortality per 1000 live births			
Sole registration	England and Wales	7.6	7.2 (2001–2003)
Married and joint registrations		5.6	5.0 (2001–2003)
12 Children suffering serious unintentional injury (admission rate per thousand children resulting in hospital stay of longer than 3 days—rate per thousand children)	England	1.22	0.87 (2003/2004)
13 Smoking prevalence for:			
Children aged 11–15 (at least one cigarette a week)	England	13%	9% (2004)
14 Obesity for children under 16	England	10.9%	13.7% (2003)
15 Re-registrations on Child Protection Register (children identified as suffering significant harm or likely to suffer significant are entered formally on Child Protection register)	England	15% (1998/1999)	13% (2003/2004)
16 Children that live in home that falls below the set standard of decency	England	41% (1996)	27% (2003)
17 Families with dependent children in temporary accommodation	England	54,660 (2002)	72,670 (2005)

Figures in bold note a negative direction.

^a *Government's definition of poverty*: Low-income thresholds are 50%, 60% and 70% of median household income (before and after housing costs): a: relative low income—median income moving each year; b: absolute low income—median income fixed at 1996/97 levels in real terms; and c: persistent low income—low income (before housing costs only) in three out of the last 4 years (60% and 70% of median).

large and growing number of single unmarried mothers and an intergenerational pattern of severe disadvantage concentrated in inner city areas.

Against this context, there was heavy media coverage of child protection tragedies and social workers (whose role should be to support the disadvantaged) were perceived by mainstream society on one hand, as incompetent in failing to protect children, and on the other hand by families in need, as people who removed their children.

The challenge for the Labour government was to reverse these trends. The following summarises some of the strategies used to bring about change.

5.2. *The third way*

New Labour's approach has been described as an attempt to create a "modified market" as a half-way point between Conservative marketization and Old Labour regulation and planning (Hodgson & Spours, 1999). It was to emphasize the responsibilities of individuals to enhance their employability and prevent social exclusion, backed by state support where there was market failure in the case of people with low or no qualifications.

Linked to this was the focus on communities. Whereas under Thatcher, the blame for social failures was focused on the individual and the family, under New Labour the focus was on failing communities' rather than families (Buchanan & Hudson, 2000). Programmes, health, education, the early years, etc., created disadvantaged communities into 'action zones' with extra money to implement new policies and services. At Oxford the Indices of deprivation (see Social Disadvantage Research Unit, 2005) were developed to identify the poorest performing communities on a range of indices. This was not 'universal' welfare as under old labour but welfare targeted at the communities of greatest disadvantage.

5.3. *A structured approach: Public Service Agreements, performance indicators and targets*

In 1999, the government brought out the Green Paper, *Modernising Britain* (Cabinet Office, 1999). In this it broadly set out its strategy which owed much to business models for facilitating change. First problems were identified; then frontline stakeholders working in focus groups considered what needed to change. Incentives and levers were considered and the wider public was drawn into consultation processes about the proposed policies. Policy aims were decided. Public Service Agreements in each policy area appeared on the web and stated what the government was aiming to do and identified the performance indicators they would use to measure progress. The web also stated which government department was responsible for meeting targets. Targets, both national and local became an important part of Labour strategy. By publishing the outcomes in each area, they were effectively 'naming and shaming' specific government departments/local authorities but there were also drawing in the public to pressure for improvement. Parents could check how their children's school was performing in relation to a neighbouring school. Financial incentives were given to those local authorities who achieved their targets.

Targets have received much criticism particularly in health and education (e.g. BBC, 2005; McKee, 2004). Some complained that too much money was spent on administrators collecting the necessary figures. Others suggest that as money was tied to meeting targets there were strong incentives for 'fiddling the figures'. But despite the criticism, there is no doubt the targets have driven some change and according to the Social Market Foundation there is no good reason to abandon them (Social Market Foundation, 2005).

5.4. *Evidence-based policy*

The government's third strategy was to move towards developing policy where there was some evidence that what they were planning to do was likely to be helpful in meeting their aims. Policy making in England and Wales is still a long way from what can be called 'evidence based' (Davies, 2004). In a way it is a tragedy that a reforming government has been, like all democratic governments, in a hurry. Certainly, many of the ideas such as the Sure Start programme have been stolen and evidenced elsewhere, but initiated in England and Wales without substantive pilots to test effectiveness. These community interventions have been huge social experiments and one might argue the ethics of implementation in these circumstances. The slightly disappointing results from the Sure Start may suggest that with more planning the early outcomes might have been better. Where solid research evidence has been available, for example, the impact of poverty on children and the importance of prevention in the early years, it has used to inform policy. The evidence on intergenerational patterns of social exclusion has been important in developing their 'preventive' approach and has resulted in a heavy investment in children and young people.

In addition, most policies have been independently evaluated. Unfortunately some of these are little worth because they have been undertaken once the programme has already started and often no baselines have been taken. The government has been reluctant to commission proper trials with comparison groups except in the case of their major initiatives such as Sure Start and this is not a randomized controlled trial but has a quasi-experimental design. The government has however gone for the cheaper option of commissioning systematic reviews of the research, much of this comes from the US, but the anxiety is that US context may be different from the UK.

5.5. *Joined-up solutions for joined up problems*

The fourth strategy has been to initiate 'joined-up solutions for joined-up problems'. The dilemma in any government is that activities have to be divided up between departments and very quickly these become isolated units acting independently often on the same problems. It is important that some Department has a specific responsibility bringing policies together. Placing the Social Exclusion Unit in the Cabinet Office directly under the Prime Minister was a bold statement (it has since been moved to the Office of the Deputy Prime Minister). This said that joined-up solutions were needed for joined up problems and these joined-up problems were important enough to be supervised by the Head of Government. When it comes to children, their needs do not come in separate packages: health, education, social security and social services. Certainly the SEU had an important impact in the early years of Labour's first term of office.

More recently all services for children, health, education, court welfare following separation and divorce of parents have been brought together under one ministry: the Department for Education and Skills and this is reflected at local authority area with one Director for all Children's services. We wait to see whether this is able to deliver better services for vulnerable families.

5.6. *The 'carrot and stick' approach has also produced positive results*

When Norman Grass came to speak at Oxford about his Sure Start programme, he said 'I have an old fashioned idea that nothing happens without money' (Grass, 1999). At the local level, the 'carrot' came in the form of finance to set up projects and extra money for meeting targets. The 'stick' was 'naming and shaming lists' which were published showing authorities that had met or not met specific targets. It was interesting to see local authorities who had very

similar demographic patterns, yet had very different results. Some argue that the targets provide little incentive for those at the bottom of the lists, but here the government has powerful ‘sticks’ in the form of specific inspectorates, such as, for example, [OFSTED \(2005\)](#) who can close down failing schools.

At the individual level the focus was on support and creating opportunities but there is also a ‘stick’. Under the New Deal programmes, the long-term unemployed are obliged to meet up with advisors and discuss how they will return to work. If they fail to do this, their benefit can be cut. Parents whose children are offending can be given a Parenting Order whereby they have to attend parenting classes. Surprisingly, these have proved quite popular amongst those who have taken part and they appear to have reduced offending ([Ghate & Ramella, 2002](#)).

5.7. The unintended consequences and the changing pattern of inequality

But the government policies have had some problems. Since 1997, The pattern of inequality has changed with the incomes of the large majority becoming more equal over the 1990s. Clear evidence of this comes from the recent Sunday Times Rich List ([Sunday Times, 2005](#)). Of the richest 1000 millionaires, 751 were self-made and only 249 inherited their wealth. Some of these new millionaires come from minority ethnic backgrounds. The rising prosperity of mainstream Britain, however, is creating a divide between those at the top pulling away and those at the very bottom not keeping pace. In education, although overall achievement levels are rising, the gap for disadvantaged children remains large. The unintended consequences of policies for those at the bottom are further isolation and exclusion.

5.8. Reaching the ‘hard to reach’

The major concern is that much of government policy has found reaching the ‘hard to reach’ or those most at risk of social exclusion ([Social Exclusion Unit, 2003](#)) more challenging.

For some people the main barrier is a lack of knowledge about the opportunities available. More problematic, however, is when parents’ lack of knowledge means that they can not support and guide their children. This is a particular problem in education, as noted in a report on children in Bradford just after the recent riots ([Katz, Buchanan, & Bream, 2002](#)). Parents from some minority ethnic groups could not give their children the essential parental support that is so connected to educational success because they did not understand the educational system.

A second barrier is that services may be seen to be inappropriate, inaccessible or associated with stigma. We can see this in the views expressed, particularly by minority groups, on some family support services. Mainstreaming, that is making services available to all parents, can reduced this stigma.

A third barrier is that cultural factors may work against taking up opportunities.

My dad thinks having an education is very good but he also believes making money is also very important. That’s why I’m not going to university. I can start making money now and my dad will be proud of me that way. (Boy in Bradford, Katz et al., 2000)

An area populated by a particular minority ethnic group can become segregated ([Lupton, 2003](#)). If cultural expectations suggest that a girl must leave school early to help care for young siblings, she may feel that it is not much use to work hard at school, and this creates strong cultural pressures not to take up opportunities. A bridge needs to be made to find culturally acceptable ways to link parental expectations and a child’s aspirations.

A fourth barrier is that some parents and children may make a rational choice that the opportunities offered are not for them. Childcare, for example, may be too expensive, so that the rewards from working are cancelled out. Some children, particularly Black Caribbean boys, (Frosh, Phoenix, & Pattman, 2002) may make a decision that achievement in education is not possible, so they choose other routes, perhaps through antisocial behaviour and bullying, to achieve status and esteem.

5.9. *Forgotten in the policy-making, the psychological impact of social exclusion*

The major omission in government policy, which is so obvious to us with psychological training, has been to forget the psychological impact of living in poverty and social exclusion (see Brown & Harris, 1978; Seligman, 1980). Escape from social exclusion is particularly difficult for children and parents who have been rendered ‘hopeless’ because of discrimination, poor social conditions; community norms that may encourage low expectations; domestic violence and child abuse, as well as for parents who worry that their children, because of their circumstances, will repeat the tragedies of their own lives. For this group of parents and children, it may not be enough to reduce the structural risks for social exclusion; it may not be enough to present new opportunities for education and training. Given their experience, they will argue, ‘these are not for me’. This group need more than this. They need a helping hand to help them take control of their lives, to develop the necessary skills, and to rediscover ‘hope that gives them the strength to realize that by their own efforts they can make a difference to their lives. This may explain the relative success of some of the mentoring schemes in education and the new Deal Advisors.

At the beginning of this paper, the UK’s place as described by the UNDP indices was outlined. If England and Wales is to improve their position in the world, in particular in relation to the Gini index, we need to be more effective in improving the living conditions of those *most* at risk of social exclusion.

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